

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>S.B.</i>	<i>2005053000</i>	
<b>O.I.P.E. CLASSIFIER</b>		<i>18</i>	
<b>FORMALITY REVIEW</b>		<i>11090</i>	<i>8/3/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral): Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	<i>NOVEMBER 9, 2001</i>
2	✓	✓	<i>MARCH 20, 2002</i>
3	✓	✓	<i>MARCH 20, 2002</i>
4	✓	✓	<i>MARCH 20, 2002</i>
5	✓	✓	<i>MARCH 20, 2002</i>
6	✓	✓	<i>MARCH 20, 2002</i>
7	✓	✓	<i>MARCH 20, 2002</i>
8	✓	✓	<i>MARCH 20, 2002</i>
9	✓	✓	<i>MARCH 20, 2002</i>
10	✓	✓	<i>MARCH 20, 2002</i>
11	✓	✓	<i>MARCH 20, 2002</i>
12	✓	✓	<i>MARCH 20, 2002</i>
13	✓	✓	<i>MARCH 20, 2002</i>
14	✓	✓	<i>MARCH 20, 2002</i>
15	✓	✓	<i>MARCH 20, 2002</i>
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If more than 150 claims or 10 actions  
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